THE

MEDICAL AND SURGICAL REPORTER.

No. 759.] PHILADELPHIA, SEPTEMBER 16, 1871. [Vol. XXV.—No. 12.

Original Department.

Communications.

THE IDENTITY OF THE DISEASES OF THE LOWER ANIMALS WITH THOSE OF THE HUMAN SPECIES.

By Fred. Horner, Jr., M. D.,

Of Salem, Va.

In a former number of the Reporter the details of a fatal epidemic among the cattle in Virginia were given. During the present summer, in the same State, the hogs, which furnish the largest element of animal food to the people here, have died in great numbers from a low form of fever, in the course of which the liver, lungs and bowels become congested, inflamed and ulcerated. Surely, the inference is legitimate that the epicure and gourmand of modern times, whose palate will only be satisfied by blood, gravy and meats half-cooked, may be contaminated by eating the meat of the diseased hog or the Texas cattle. Writers of various medical treatises trace the connection of the diseases of the lower with those of the higher animals, e. g., glanders is described to be a malignant febrile disorder, contracted by man from glandered horses and characterized by a peculiar pustular eruption upon the skin, and attended by gangrenous tumors. The poison is generated in the horse, and may be communicated by contact with an abraded surface or by its introduction into the stomach. Again, hydrophobia presents an example of a disease contracted from the dog. It is caused by the entrance into the system of the poison of a rabid animal. Its introduction is peculiar. The poison contained in the saliva, or mucus, of the mouth, is generally imparted by a bite. During the late season, in this part of Virginia, a great many instances of this fatal and hideous disease have occurred. Some persons who have suffered, affirm that they were cured by the application of the famous "mad stone."

Both the cow and the hog have communicated to man the scaly, eruptive diseases. Jenner's great discovery of vaccination grew out of an observation of this kind. In proof of the importance of this subject, not only to the profession but to the public, a French writer, M. Bourgignon, mentions that "during the prevalence of the cattle plague in Great Britain, in 1865, the butchers of that country sold in the markets large numbers of sick and tainted beeves. They abstained from using the meat in their own families, but speculated on the health of their fellow-citizens. The graziers were in league with them." This vicious practice also occurred in Virginia, at the time of the prevalence of the Texas cattle disease, when the writer saw larger numbers of cows and other neat cattle sent to market at Washington City and Baltimore.

It is well known that extract of beef has become a most important dietetic article for the sick; indeed, the so-called beef tea is now an element of food of universal use at sea and on land. If improperly manufactured from unsound meat, it becomes a prolific cause of disease. This occurred, in one instance, during the progress of the late war. In former ages the black death, as it was termed, decimated cattle and men indiscriminately. As yet, with the exception of the dreaded spotted fever, the offspring of the evils of modern times, man has escaped most of the zymotic affections so fatal to other species. In the instance,

however, of Mr. ROBERT PLUMBLY, veterinary surgeon at Sudbury, England, whose death was caused by the cattle plague, the virus spread so rapidly through the system that the body appeared plague-stricken, the head and trunk became swollen and black, the features quite undistinguishable and the tissues completely disintegrated.

The faculty are encouraged to pursue the investigation of the causes, and pathology of diseases in the lower animals, tracing them to the higher ones. The learned BUCKLE, in his History of Civilization, declares "that until the diseases of animals are included in our studies, the pathologist's conclusions will be little better than empirical, on account of the narrowness of the field from which his facts have been gathered. The practice of medicine will gain vastly by the study of comparative pathology. The duty of the pathologist is to determine the causes of disease. The inferior animals are exposed to comparatively few and to very general conditions, while man is exposed to these and to numerous highly special influences, all of which are capable of exciting disease, e. g., fatigue, cold, mental anxiety and the abuse of ardent spirits, etc., whereas the problems presented by disease in the lower animals are far more simple."

IN AN OBSTETRICAL CASE, SHOULD THE PHYSICIAN TAKE HIS FORCEPS WITH HIM?

BY J. C. MCMECHAN, M. D.,

Of Cincinnati, O.

"What gift has Providence bestowed on man that is so dear to him as his children?"—*Cicero.*

It is the grand desire of married people to have progeny. As women sigh so for children, it certainly becomes the duty of a physician to try and deliver them as safely as possible.

What has brought this matter so vividly before my mind is a case that occurred in my practice a few nights ago.

I had been engaged to wait on Mrs. M. G., in confinement, and about 3 o'clock, A. M., was summoned to her bedside. She had been in labor five hours, and the membranes ruptured at two o'clock. The feet had presented, and the child was born as far as the knees. In a few minutes the child was born all but the head, and that remained fixed in the pelvis. The usual manœuvres on such occasions were tried, but without avail. I told the woman's husband to run to my office and bring my obstetrical instruments as quickly as possible. The office was distant but a square; but what were my regrets on his just returning, to find the pulsations in the cord had ceased. The instruments were quickly applied and the child delivered. Had I taken the instruments with me, I doubt not but the child could have been saved, for after the delivery of the body the pulsations in the cord were quite strong and natural, and only ceased after about five minutes. This is the usual time, most authors say, a child can exist in that position.

To make me regret the delivering of a dead child the more deeply, was the fact that the mother had lost her previous child (her first one) in confinement; her grief was almost inconsolable on learning that the child was not alive.

In another case, which occurred about a year ago, I was called to see a lady in confinement, and found the very same presentation as in the case above related. As the patient lived a distance from my office, I took the precaution of taking my obstetrical instruments with me. I was at the house but a short time when the child's body was born, but the head remained behind. Finding delivery in the usual way impossible, I rapidly applied the forceps and delivered; the child seemed dead, but in a few minutes it was resuscitated, and is now a large and healthy child. It was the first confinement the lady had had, and the child would certainly have been lost if I had not had the forceps in the house at the time.

A physician going to visit an obstetric case knows not what operation he will have to perform, or that he will find it necessary to interfere at all, but it is best to be prepared for emergencies. There is a great prejudice existing among the people against the use of instruments, and it is partly through fear of remarks that physicians are deterred from taking them along. Physicians, of course, are justified in being cautious and not getting the prejudices of people unnecessarily aroused, but if one child even in two hundred can be saved by their carrying a pair of forceps with them, they should do so.

About three months ago I was asked by a gentleman to see his wife, who had been in

labor for a number of hours, and who had employed a midwife to wait upon her. It being about one o'clock at night, and supposing the case might be a difficult one, I took my forceps with me. On arriving at the house, I left them in an ante-room, and then examined the patient. Everything being favorable, and not requiring interference, I left, saying I would return early in the morning. I told the woman's husband that I thought his wife would be delivered naturally in a few hours, that I would leave the case in the hands of the midwife, and if she was not delivered by morning I would use the instruments.

On going back in the morning, the case had terminated favorably, but the instruments had been brought in and exhibited to the patient, and she was so indignant at my bringing them to the house, that I was dismissed from the case at once.

It is not the fashion to take obstetric instruments to the patient's house on the first visit, but most certainly *dignum et justum est* to do so.

What joy a physician brings into a house by saving the first child!

What remorse he causes by failure!

These considerations should overbalance all feelings of delicacy in a matter of this kind.

It is a well known fact that the head often remains behind in pelvic presentations, and the use of the forceps is required to save the child.

Dr. MEIGS relates a very interesting case, almost similar to the one I have related. He also gives some judicious advice on the point in question. Says he, "a few years ago, I was engaged to attend a young woman in her first child-birth. When she fell in labor I discovered that the breech presented. Her residence was about three-quarters of a mile from my house. I was very much inclined to send for my forceps for fear that when the head should come at last to occupy the vagina I might be unable to speedily deliver it. But as she was exceedingly delicate and timid, and her friends anxious, I deferred sending for them, lest needless alarm should be the consequence of bringing them to the house. The labor proceeded very favorably until the shoulders were free, and then, notwithstanding, the head took the most favorable position. I found that no exhortations or entreaties could suffice to make the woman bear down, and the child soon became threatened with asphyxia, which I obviated by admitting the air freely to its mouth and nostrils by keeping off the perineum. The child cried, and I felt a hope that the forceps, which I now sent for, would arrive in time for its succor. The instruments were placed in my hands in the shortest time possible. In two minutes after I received them, they were applied and the head withdrawn, but it was too late to resuscitate the child.

"I have never since failed to order my forceps placed within reach in any case of footling or breech labor, and I feel well assured that the consequence of this care has been the saving of several lives that must have been lost but for this precaution. I have lost but one child in pelvic presentation in the last three years, and that was one which was a vertex case, but which I brought footling in consequence of hemorrhage from placenta prævia, and in which I was obliged to deliver the head with the forceps, as the woman was so exhausted by loss of blood that she could not bear down.

"It is my unfailing custom, therefore, to order my forceps to be put in readiness as soon as I ascertain that the presentation is not one of the head; and I feel very well assured that such a precaution, if generally observed, would preserve many a life that is now lost, either in delay in the delivery of the head or the pernicious attempt to extract by pulling at the neck, to which the temptation is so strong in moments of anxiety for both parent and offspring."

In looking over a number of authors, I notice they all give similar advice, but none of them come up to the point of saying—"You should always have your forceps with you when you start to see an obstetrical case."

What harm would there have been in the last case related, to have had the forceps in the house ready for an emergency? None whatever; and Dr. Meigs with his skill could easily have saved the child. In an affair of life and death, feelings of delicacy should be laid aside, and then more children could be saved, and parents spared from much grief.

THE THERMOMETER IN DISEASE.

By ELLIOTT RICHARDSON, M. D.,
Of Philadelphia.

Either the importance of accurate thermometric observations of the human body in disease is not sufficiently appreciated, or many physi-

cians are deterred from resorting thereto by the real or supposed difficulties in the way of obtaining them. It is hoped that the few practical suggestions herewith offered may serve to remove, or at least to diminish, the force of objections which have occurred to the minds of some practitioners.

The additional time required at each visit, the necessity of observations at times which are inconvenient to those having a large number of patients under their care, the possible uncertainty of investigations made by nurses or others to whom the charge is delegated, form one class of difficulties; while the fears entertained by some that they may incur the displeasure of patients or their friends by the restraint necessarily imposed when frequent observations are required, may constitute another; but, perhaps, of greater weight than either of these is the apparent inutility of many observations to those who are not thoroughly familiar with the indications to which the various fluctuations in human temperature point; for like the experienced physician, whose practiced eye can read in the patient's countenance, phthisis, pneumonia or typhoid fever, or whose educated sense of touch detects immediately any abnormal condition of the body with which his finger comes in contact, so can he who is well versed in the subtilities of human caloric, perceive symptoms of great significance which the novice would be unable to understand or to meet with efficient remedies. Time, industry, and care will of course remove this from the catalogue of impediments, in all cases in which the importance of this branch of medical investigation is correctly understood.

Among the many advantages to be derived from the use of the thermometer in disease, we have these important facts: that in the temperature we have a symptom which may be measured with accuracy; that it is a symptom beyond the control of the will; that while a normal temperature is not a positive evidence of health, yet, an abnormal temperature is a certain sign of disease; that by it we may ascertain the degree of fever, whether it is consistent with recovery, or must necessarily be followed by fatal results; that certain fluctuations of temperature are frequently characteristic of certain diseases, and thus, observations with the thermometer form a valuable aid in diagnosis; that by the thermometer we may have a positive indication of the establishment of convalescence, or, while other symptoms indicate this favorable condition, an abnormal temperature may be the only evidence we have that complete convalescence has not occurred; that it indicates the supervention of complications; that by it we gain earlier information of the advent of most diseases, of the occurrence of complications or sequelæ, of a change, either favorable or unfavorable, in those diseases in which the temperature is at all altered from a normal course, than we can by any other means known in medicine; it affords a certain means of watching the effects of remedies upon the course of disease, and, finally, in cases in which the pulse is very frequent, we are able, by this means, to decide whether such frequency is due to increased fever or to debility.

The instrument best adapted to general use in making thermometric observations is the mercurial thermometer. There are other kinds of apparatus which have been used for the purpose of greater accuracy, some of which are extremely delicate, measuring a minute fraction of a degree, but these are complicated and expensive, and, moreover, extreme accuracy is unnecessary for medical purposes. The thermometer may be either straight or bent at an angle near the bulb; the latter being usually most convenient the tube should be sufficiently long to admit of being easily observed while in position but not so long as to interfere with convenient portability. The degrees are marked upon an ivory scale or are cut upon the glass.

The thermometer should be so made that at the ordinary temperature of the air the mercury will sink down nearly to the bulb, and only the degrees between 90° and 112° to 114° need be marked upon the tube. The bulb should be spherical or slightly oblong for use in the axilla, conical for the rectum or vagina, and hemispherical for the surface of the skin*; but an ordinary axillary thermometer, such as are generally sold by instrument makers in this city and represented in Fig. 1. will answer for all positions except the last mentioned, and even there, in situations where the skin has been well covered with clothing, an approximately truthful result may be obtained with the same instrument.

* Dr. Seguin (*The Medical Record* N. Y., Jan. 2d., 1871,) describes a small thermometer invented by himself for the purpose of ascertaining the temperature at any point on the surface of the body, for which he claims special advantages.

Fig. 1.—Curved axillary thermometer, (self-registering).

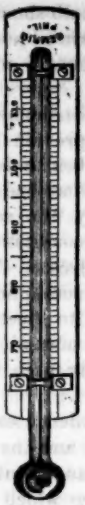

Fig. 2.—Thermometer with flattened bulb, for application to the surface of the body.

Fig. 3.—Straight thermometer, (self-registering).

Of course, it is essential that the thermometer used should be accurate; sometimes the degrees are not properly marked upon the scale; another source of error is the irregular calibre of tube, so that for the same degree of expansion of the mercury in the bulb it rises to a greater extent in some portions of the tube than in others; therefore, each instrument before being used should be tested by a thermometer of well-known accuracy.

With use, the bulb is said to undergo a change in size and shape, either from the frequent pressure to which it is subjected in the axilla, or perhaps from some molecular change in the glass, rendering a repetition of the testing process necessary once or twice a year. The glass of the bulb should be of such thickness as to combine delicacy with strength; for while it is essential for the glass to be strong enough to bear ordinary handling and introduction into the rectum with safety, yet if too thick, not only will a much longer time be required to make an observation, but the instrument will fail to register, truthfully, the changes in the temperature of the body.

Some of the thermometers for medical purposes, are now made self-registering by having a small body in the tube, which is pushed up in advance of the rising column of mercury, and is left in position as the mercury in the tube recedes, thus marking the highest point which it has attained. This is certainly a very convenient addition, enabling the observer to remove the instrument before reading the degree of temperature indicated; thus also is avoided the necessity of uncovering the patient, or subjecting him or the operator to the inconvenience of looking at the instrument while in position. It also enables the nurse to to take one observation during the absence of the physician, which can be read by him at his next visit. In removing the instrument, great care must be taken to avoid jarring the index out of its place. Before using again, the register should be shaken down by a rapid motion of the hand holding the instrument, to a point a little lower than the supposed temperature of the body. A physician designing to make extensive observations of temperature, should supply himself with several thermometers, which should be compared with each other and with a standard thermometer, and any inaccuracy recorded before the instruments are used.

It is best, but not indispensable, to be supplied with a set of charts, which can be obtained at a moderate cost, so arranged that, by a series of curved lines, the fluctuations in temperature can be indicated at the same time with the rate of the pulse and respiration. These aid greatly in presenting a case clearly and concisely, without the necessity of numerical calculations to ascertain the amount of rise and fall in temperature, and the relation of this to the frequency of the pulse and respiration.

The locality generally preferred, in most cases, for the application of the thermometer, is the axilla.

For the purpose of making an observation at this point, the patient should be placed upon his back, with the side upon which the instrument is to be used somewhat elevated; the arm should then be drawn out from the body, all clothing about the arm-pit pressed out of the way, and the axilla wiped perfectly dry.

The instrument should then be placed in position, with the bulb at about the centre

of the axilla, the tube projecting upwards over the anterior surface of the shoulder, and the elbow then brought close to the side of the body, with the forearm carried across the chest. The finger should then be passed down by the side of the instrument, in order to see that the bulb has been retained in position, and that no clothing intervenes between it and the skin, an accident which, if not remedied, seriously impairs the accuracy of the observation.

In moderately fleshy persons, the axilla can be in this way easily closed, but in the emaciated it is difficult to accomplish this result. The instrument, if very delicate, need not be allowed to remain more than five minutes; but those usually sold require to be left for from eight to ten minutes before the maximum rise is attained.

If the thermometer is self-registering, it should then be removed with care, and the temperature indicated read at leisure; if it be not self-registering, it should be carefully read off while in position. It is a saving of time to heat the thermometer to a little above blood heat before applying it; of course, in the self-registering instrument care must be taken not to elevate the register by this means above the position to which the temperature of the body is likely to raise it. With the same view, economy of time, some advise that the axilla be closed for a short period before the instrument is applied. The temperature may be taken in the mouth by placing the bulb under the tongue and closing the lips tightly around the tube, under circumstances which render access to other portions of the body impracticable, as, for instance, when the patient is in a bath. It may also be taken in the rectum in young children or emaciated adults, or when the local temperature is desired; in the vagina under the same circumstances; in the closed hand, or upon the surface of the skin which has been kept covered with clothing. None of these positions are so desirable as the axilla, except for special purposes or under circumstances which render the latter unsuitable; for although the temperature in the rectum is from .5° to 1° higher than in the axilla, and is more quickly taken, yet the exposure involved, when unnecessary, is indelicate and sometimes dangerous to those who are very ill. When taking the temperature of the surface of the body, a point should be chosen which has not recently been exposed to the air; the bulb should then be applied as closely to the skin as possible, and the portions of the bulb not in contact covered with the clothing.

In order to understand thermometric fluctuations, indicating disease, a previous knowledge of those consistent with health is requisite. The temperature of the human body in health remains almost constantly the same under varying circumstances and conditions to which the individual may be subjected. This statement admits, however, of some modification, for the system is subject to fluctuations in temperature which are normal, but they amount usually to scarcely more than a few tenths of a degree.

The beautiful correspondence existing between the heat-producing and the heat-consuming powers of the human organism is such, that any external influence which has a tendency to alter the temperature of the system, and which may for a short time have this effect, is soon met by either an increased production or an increased dissipation of caloric, according as the external agency tends to depress or to exalt its amounts, and an equilibrium is soon established, so long as health is maintained.

The average temperature, according to WUNDERLICH, varies slightly in different individuals, from 97.7° to 99°, but the mean of the healthy adult is about 98.5°; it is a little higher in infancy and old age than during the more active periods of life; it is, perhaps, a little higher in women than in men. The temperature in all healthy individuals is subject to daily fluctuations, amounting usually to less than a degree, being lowest during the night and early morning and highest between 4 o'clock and 6 o'clock, P. M. Either muscular or mental exertion during its continuance has the effect to increase it from .4° to .9°, until exhaustion supervenes, when it falls below the normal average.

Menstruation is sometimes attended with a slight increase of temperature, and during normal labor a wider scope of fluctuation is observed. Change to a warmer climate increases temperature, and to a colder diminishes it. The native races of tropical countries, however, are said to have a lower, and those of the arctic regions, a higher average temperature than those of the temperate zone. Cold baths, ice applied to the surface of the body, and particularly to the spine, and cold drinks,

even when alcoholic, taken into the stomach, temporarily depress the temperature; while, on the other hand, warm baths, warm drinks and food increase it. Loss of blood, even to a small extent, diminishes the temperature considerably. But excepting the last, all these influences affect the temperature of the human body to an extent not greater than the difference between 97.2° and 100°; very rarely, indeed, are these extremes reached, and any variation beyond them may be looked upon as a sure indication of the existence of some diseased action. The difficulty of ascertaining the perfect freedom from disease of individuals who have been made the subjects of experiment in order to obtain these facts, of course makes further investigation desirable; but in the present state of our knowledge, the results arrived at seem to be nearly correct. While the harmony of the wonderful processes concerned in the production and the giving off of animal heat, by which nature maintains an equilibrium essential to the existence of healthy vital action, is preserved during health under extremes of external surroundings or the performance of the ordinary functions of the body, yet when toxic impressions affect the system, disarranging the normal balance, this equilibrium is destroyed, and the temperature then becomes much more subject to those influences, which, while having little or no effect upon the animal heat in health, produce in disease very considerable fluctuations.

Thus, exposure to moderate heat, muscular or mental exertion, constipation, retention of urine, the introduction of food into the stomach, the approach of menstruation, either of which are attended in health with little or no effect upon the temperature, cause in disease a marked increase; on the other hand, exposure to a moderate degree of cold, the loss of blood, either from menstruation or other source, the occurrence of relaxed evacuations from the bowels, abstinence from nourishment, or vomiting, occasion in disease a considerable, sometimes fatal, decrease.

Whether the cause of abnormal temperature is to be looked for in an increased production of heat from a greater activity in tissue changes, etc., or in a diminution in the amount of heat given off, or whether the primary cause is a diseased condition of the nervous system, as is generally supposed, is a question still involved in obscurity, but it may, when fully understood, affect considerably the science of therapeutics.

In most cases of disease, twice a day is quite often enough to make observations. They should be made between the hours of 7 and 9 A. M. and 5 to 7 P. M. Whatever time is selected, should be adhered to throughout in each case, so that an accurate comparison of temperatures at the same time each day can be made.

It is sometimes necessary to make more frequent observations, every one, two or three hours, in cases where the variations of temperature are ill defined, or in those in which sudden and violent changes are probable. The patient should be kept quiet in bed for at least an hour before the thermometer is applied, and if food or drink has been taken, or vomiting has occurred, or the bowels been moved, shortly before the physician's visit, some time should be allowed for reaction, or if this be impracticable, these occurrences should be noted; since, as stated before, they are apt to modify the results considerably. When frequent use of the thermometer is required, the nurse or some member of the family should be instructed in its application; this, with any one of ordinary intelligence and assiduity, can be done in one or two lessons. Few patients will be found, I think, to offer any objections to the use of the thermometer upon them, when representations are made of the great advantages which the physician, and consequently the patient, derives from it.

The range of temperature consistent with the maintenance of health has been already mentioned as being from 97.2° to 100°, but if any temperature below 97.7° or above 99° is persistent, a diseased condition is indicated. The usual range of temperature in fever is from 100° to 106°; beyond this serious results may be anticipated, except in intermittent and relapsing fevers and a few other affections. According to Wunderlich, the highest temperature known to have occurred during life, was 112½°, though after death it has been observed to exceed this figure. The lowest temperatures were observed by LOEWENHARDT in three cases of insanity, 74.7°, 77°, and 85.1°, respectively, and by MAGNEN, in the case of a drunken woman exposed to cold for a long time, 78.8°. In this case the normal temperature was restored in the course of two days. The usual range is

from 95° to 108.5°, rarely exceeding 109.5° or falling below 91.5°. The absolute height of temperature, except in extreme degrees, is not of the same significance in all cases; as I have just stated, some fevers are characterized by temperatures which in other diseases would necessarily involve a prognosis of death.

The highest temperatures known to have been followed by recovery were, in intermittent fever, 109.9°, and in sunstroke, as reported by Dr. LEVICK (Penna. Hospital Reports, Vol. I.), 109.5°. It is well always to recollect that age has a marked effect upon the significance of thermometric variations.

In the diseases of children the fluctuations are greater and often more rapid than in middle age, while in the old the abnormal temperatures are lower, and a tendency to collapse often manifested. There are certain diseases in which the variations in temperature follow a regular, clearly defined, typical course, among which may be enumerated enteric, typhus and relapsing fevers, pyæmia small-pox, measles, scarlatina, lobar pneumonia and recent malarious fevers. There are others sometimes conforming to a regular type, but which are often irregular and ill defined; among these may be included varicella, febricula, facial erysipelas, acute catarrhal inflammation, tonsilitis, acute rheumatism, certain forms of meningitis, mumps, pleurisy, acute tuberculosis, fatal neurosis toward its termination, and Trichineasis. Others have a regular typical course when fever exists, but usually are not attended with fever. Syphilis and cholera, may be mentioned as instances of this class. The appearance of complications in the course of any disease will produce marked deviations from the usual or typical range of thermometric changes.

The usual course of temperature in disease is, to rise during the prefebrile period until the fastigium is reached, and to decline on the commencement of convalescence. This decline is often rapid and quite frequently reaches a point below the normal average, but, the body, if convalescence is complete, soon regains a healthy, normal temperature.

It is impossible, here, to go into detail in the description of the types characterizing different diseases; the results of such labor would fill volumes; but it is hoped the few land-marks above enumerated may serve as sufficient guides to direct the course of the observations of those commencing investigations of this character. It should be observed that, while considering temperature in relation to other symptoms, the rapidity of the pulse generally corresponds to the rise and fall in temperature, and, except where the lungs are affected, respiration also corresponds in frequency with the same symptoms.

The following tables from Wunderlich's admirable treatise, entiled "A Manual of Medical Thermometry," are valuable as aids in the study of disease:

A.	*Temperatures much below normal (collapse temperatures)*	below 96.8°
	Deep, fatal, algide collapse,	below 92.3°
	Algide collapse, in which it is possible for life to be saved, but which indicates the greatest danger,	92.3° to 95°
	Moderate collapse in itself without danger	95° to 96.8°
B.	*Normal or almost normal temperatures.*	
	Subnormal temperatures,	96.8° to 97.7°
	Really normal temperatures,	97.88° to 99.12°
	Sub-febrile temperatures,	99.5° to 100.4°
C.	*Febrile temperatures.*	
	Slight febrile action,	100.4° to 101.12°
	Moderate degree of fever in the morning	101.3° to 102.2°
	in the evening rising to	103.1°
	Considerable fever, in morning about	103.1°
	in the evening about	104°
	High fever is indicated by temperatures, in the morning above	103.1°
	in the evening above	104.9°
D.	*Temperatures which in every known disease, except relapsing fever, in all probability indicate a fatal termination,*	107.6° or more.

"The general average height of the temperature in the fastigium fashions itself somewhat as follows, according to the kind of disease:

In typhoid fever, according to the severity of the case, it is between	102.2° and 104.36°
In typhus fever, between	102.56° and 104.9°
In the eruptive fever of small-pox and its allies, between	102.2° and 104°
In measles about the same, but very commonly somewhat lower on account of the extent of the morning remissions.	
In normally developed scarlatina about	104°
In primary croupous (true) pneumonia, from about	102.56° to 104°
In meningitis of the convexity (of the brain)	to 104° or more.
In articular rheumatism, without complications, generally from about	101.3° to 103.1°
In acute influenza from	101.3° to 102.56°
In facial erysipelas from	103.1° to 104°
In parenchymatous tonsillitis, somewhere about	103.1°"

In conclusion I will especially call the attention of those desiring to examine the results of the investigations of others to the remarks upon temperature, contained in Aitkins Practice of Medicine, to Wunderlich's "Medical Thermometry," and to an excellent pamphlet entitled "Temperature Variations in the Diseases of Children," by William Squire, of London.

——Red Wing, Minnesota, is the champion fever and ague town of the West—two hundred cases in two weeks.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Clinic of J. E. Garretson, M. D.

[REPORTED BY DE F. WILLARD M. D.]

Wounds.

Here is a boy who was playing with powder this morning, when an explosion occurred, driving some of the grains, together with pieces of glass and gravel, into his lips and cheeks. The parts are blackened, bloody and dirty. Suppose he was in your office, what would you do? There is here, as in all wounds, a first indication. It is to cleanse the parts and remove all foreign particles, as well as to check hemorrhage, if present. How would you do this? It is a little thing, but, gentlemen, little things give the surgeon success. I take a clean sponge and a basin of tepid water. I run the liquid over the parts, removing all that is loose; then I throw in jet with a syringe, which brings away much more extraneous matter. Next, with a pair forceps, I pick out the gravel stones one by one, and the pieces of glass in the same manner, and again using the syringe, find that all is clean, so far as the wound is concerned; but, here are numerous grains of powder imbedded beneath the skin, which must be removed, since their presence would excite inflammation. Even should this not occur, their insolubility would render them incapable of absorption, and they would ever produce an unpleasant deformity. It will require much patience to take these all away; but with the point of this delicate double-edged tenotome it can be readily done. The scorching and singeing are not severe, and will be readily cured.

Having secured such thorough removal of all foreign particles, our treatment is really half concluded, for there is now no hindrance to the rapid healing of all these wounds by nature herself. We have but to apply a simple dressing of cold water, or of ext. opii. ℥j, liq. plumb. subacet. dil. ℈j., which will subdue the tendency to inflammation, and then keep the patient quiet, give a full dose of opium to-night, a seidlitz powder in the morning, and possibly a little oxide of zinc ointment for the burns.

There are here no deep wounds which require sutures, and being lacerated they present no smooth edges for approximation. Had the quantity of powder been larger, this glass might have been driven into the body with sufficient force to have severed even the facial artery, and given rise to severe hemorrhage. When bleeding occurs in wounds in this region, we must first ascertain whether it be venous capillary, or arterial. Should it be either of the former, simple cold, or possibly alum water, will be all that is required, especially if it be forcibly thrown upon the part from a syringe. Should this prove ineffectual, pressure may be resorted to, which is usually easy of application, since a bony floor is readily found. Compresses and a bandage can be obtained at all times, and your ingenuity must suggest the best mode of application. The "crossed" or "knotted circular" is often of great use. Should the blood proceed from an artery, much future trouble will be saved by a careful search for the bleeding vessel, even though it be necessary to enlarge the wound to secure it. Being once found, it can easily be closed with a ligature, or by torsion, the latter plan often answering admirably. Acupressure is sometimes useful, but over these superficial facial bones, the compress and bandage will be most frequently useful; being applied over the facial as it passes across the border of the inferior maxilla just in front of the masseter muscle. The inosculation is so great between the arteries of the two sides, that it often becomes necessary to compress both main trunks, and sometimes even the frontal branch of the ophthalmic, and the infra, or supra-orbital. Monsel's solution—the liq. ferri. subsulph, I do not like, and think it seldom necessary. It interferes decidedly with rapid repair.

When the oozing is capillary, and refrigerants or astringents do not readily control it, much benefit may be gained by the internal administration of tinct. erigeron canadense, one drop, in water, every two or three minutes. This is one of the best remedies I have ever employed, excelling even opium and lead, although the latter are good if given in doses of a grain of the former to one and a half of the latter, every hour or two, according to circumstances.

Such would be the treatment of a simple wound when first received; but suppose there was a special, specific and poisonous cause, as the bite of a dog or snake, as frequently occurs, upon the lips and cheeks, or what is even more common, the production of a chancre from a kiss. In the latter case you would of course treat it precisely as a similar sore upon the genitals; but if the wound be from either of the former causes, then immediate removal is the only safe and really effective method to be pursued. This may be accomplished by a caustic, one of the strong acids, but far preferable, if possible, by the knife, cutting well into the healthy parts. The temporary pain and inconvenience to the patient will be vastly overbalanced by the mental comfort and assurance of safety in after years. Suction by the mouth or by cups may be useful when other means are not at hand, and is always of benefit before the application of a caustic. There is no danger in applying the lips to any wound, provided they are not abraded.

The next question to be considered, after the cleansing of a wound, is the one called healing. In my judgment, all wounds heal by granulation, the five methods given by some authors being only a difference in degree, not in kind.

"First intention," "adhesive inflammation," "second intention," "third intention," "subcrustaceous cicatrization," are but varying forms of the normal cell-action. This action may be disturbed and arrested by the wound, but it soon recommences, and if vessel has been accurately adapted to vessel, union will occur so rapidly and with the production of so few granulations, or so little inter-tissue, that no line of difference in tissue can be discovered, even with the microscope, and we have immediate union, "immediate," as Mr. PAGET remarks, "at once in respect of the absence of any intermediate substance placed between the wounded surfaces, and in respect of the speed with which it is accomplished." A healing by "second intention" is but a continuation of the same process seen in the first, the only difference being that a few more granules are needed to fill up the gap, and thus we have new or cicatrical tissue, *tissu inodulaire*, in sufficient amount to be perceptible.

In illustration of these two forms, let me here show you examples: The first is a babe, upon whom we operated for hare-lip a month since, employing our ordinary mode of angular paring, and using the common hare-lip suture, adapting the parts most delicately and accurately. The result is, as you see, most gratifying, for I do not think that any of you, at the distance of three feet, would suspect that this lip had ever been incised. The red border is straight, the central prominence perfect, and the line of union only discoverable by close inspection.

The other patient is a boy, who received a cut upon the lip while at play, which was allowed to heal without the aid of a surgeon. Look at the difference. Here is a broad, irregular, dense, white scar, which will be carried with him to the grave. Such a result is always unpleasant, but especially upon this prominent portion of the body; hence we should use great care in the accurate coaptation of parts, since this is the chief means of preventing excessive granulations.

This brings me to the subject of *sutures*, as it is by their use that such end is best accomplished. Adhesive plaster, or compresses, may answer admirably where a wound is very slight, but deep and extensive incisions need a support which is immovable. The smallest possible scar will be obtained, probably, by the use of stitches or pins, assisted by adhesive strips, or by small lateral compresses at the side of the wound, supported by a circular bandage.

The best material for sutures is silver wire, although iron is nearly as good, and woven silk or hempen thread will not often prove irritating; still, all vegetable material is less cleanly and tends to ulceration. Horse hair is sometimes used. Metallic sutures may be retained in the body for a considerable length of time, and since the time of SIMPSON'S introduction they have been steadily growing in favor. That they were used long before his time, is evident, however, from the fact that FABRICIUS AB AQUAPENDENTE recommends their use, and speaks of the irritating character of vegetable material. He used a continuous piece of metal for both needle and thread, one end of the wire being sharpened for passage through the tissues.

The twisted or figure of 8 suture which you see me so often use, is of great service in wounds of the face. In the passage of the pins great care should be taken to keep the margins of the wound exactly on the same level, doubling in of the skin being prevented by tilting up the edges of the wound during transfixion. The thread used for this suture should not be hard, since such material would bruise the delicate parts beneath and leave a scar. Narrow strips of lint would be even better.

The quilled and continuous sutures are seldom used. Serres-fines, those little serrated, spring-wire forceps, are sometimes employed to approximate wounds of the mucous membrane.

In regard to the time for removing sutures, no definite rule can be laid down. You must judge from the condition of the wound after cleansing. If it shows evidence of its incised nature, do not disturb them, but if there is simply a fleshy line, then you may carefully venture, even though it be not more than the 2d or 3d day—usually longer, however. Use care in the removal of any suture and do not rudely tear the tender granulations, but always give support with your fingers. Always give either the pin or wire a rotatory movement as it is withdrawn with the forceps. A pin should be cleansed smooth from blood-rust before removal. The silk will often adhere to the surface from drying of the blood, and it is frequently advisable to permit it to remain for several days.

Adhesive strips should be removed slowly, and from both sides of the wound simultaneously.

The covering of a well adapted wound, is not essential; still a piece of lint saturated in carbolized oil, one part to the hundred, is often advisable.

At the second dressing, give good support to the parts by strips, but do not cleanse the wound too scrupulously; it should be touched, if at all, as gently as an embryo—for such it is.

In granulating wounds a sponge should never be applied. Running water is better, and the dressing, whether of oil or cerate, should be light. Stimulating dressings are only necessary when the surface granules are tardy.

In conclusion, gentlemen, I have to show you this man, who states that he has a small pistol ball imbedded in the side of his lower jaw, having been in that position for two days. I cannot detect it through the wound, but I find that my probe is very nearly at the root of the first molar tooth, and as I cut

down through the gum, I can easily feel a small, hard body, which I now lift away.

A foreign body should always be removed, unless it is quite certain that the operation for removal will be of more injury than is likely to result at any time from the retention. These bodies do become encysted, but they more frequently give rise to much inconvenience, and especially, if sharp, may be moved by gravity or by the pressure of surrounding parts, until they occasion serious mischief. There is an interesting paper published in the proceedings of the Medico-Chirurgical Society, vol. i. p. 71, by Dr. BENCE JONES, in relation to magnetic indications of the presence of iron bodies in the tissues.

This wound before us shows decided signs of commencing erysipelas, which I think will spontaneously subside, now that the offending cause is removed. Still it will be safer to brush over the parts once or twice with a mixture which I have found of exceeding great benefit in this disease, so dangerous in its relations to surgery.

℞. Tinct. ferri. chlor. f.ʒss.
Quinæ sulph. ʒss.
Tinct. cinchon. ʒij. M.
Sig.—To be applied with brush.

[Patient directed to return for daily inspection.—DE F. W.]

MEDICAL SOCIETIES.

LOWNDES COUNTY (MISS.) MEDICAL ASSOCIATION.

The Lowndes County Medical Association met in regular session at Columbus, on Saturday, August 26, 1871, at 11 o'clock, A. M., the president, Dr. LIPSCOMB, in the chair.

The minutes of the preceding meeting were read and adopted.

An interesting essay on Otitis Externa, by Dr. Brownlee, was read by the secretary. A lengthy discussion on that subject followed, participated in by most of the members present.

Dr. Brownrigg remarked that he was glad to heve his attention called to diseases of the ear, as he considered the profession generally were but poorly posted on that subject; said he had used for the last fifteen years a remedy (suggested to him by an old lady), which he could confidently recommend as a specific in in otitis. It was tobacco and glycerine used as follows:

℞. Tobacco, ʒss.
Glycerine, ℥i. M.
And to inject a few drops twice a day.

Dr. Mayo liked the remedy, but would substitute sweet oil for the glycerine, as being less stimulating and better adapted to such applications.

Dr. Vaughan desired to know how the tobacco acted in such cases, and whether the tobacco or glycerine cured the disease.

Dr. Brownrigg replied that the tobacco acted as a powerful relaxant on the inflamed organ.

Dr. Lipscomb said he had used the tobacco remedy in a few cases of otitis, with unsatisfactory results; had understood it was extensively used in this affection by the faculty in New Orleans. He had discarded it and now uses in chronic otitis, nitrate silver as follows:

℞. Argt. nit., fused, grs. xl.
Aquæ, ℥j.
Ft. Sol.—Apply twice a week with C. H. pencil.

Reported several cases thus treated with success.

The president inquired whether there is any method now in use for the treatment of perforated membrana tympani?

Dr. Mayo replied, that there is an artificial membrana tympani made of India rubber, suggested by Toynbee.

Dr. Vaughan was acquainted with a case in which the membrana tympani was perforated without any impairment of hearing. Dr. Browrigg had met with such an accident himself without injury to his hearing—recovered without treatment.

Under the head of miscellaneous business, Dr. Maxwell reported two cases of stricture of urethra, in which he could not pass the smallest size bougie; he treated them with sulph. atropia used hypodermically in doses of grs. 1-42, with morphia, grs. ¼. After its administration he was enabled to pass with ease an ordinary sized silver catheter.

Dr. Lipscomb asked the members what ingredients there could be in Vinegar Bitters and Sanford's Liver Invigorator (patent medicines found in use in some families) that produced, after moderate purgation, symptoms similar to collapse in cholera? He thought from the effects that it was atropia or belladonna. Dr. Vaughan remarked that Vinegar Bitters contained podophyllin and silk weed, which were drastic cathartics, having very prostrating effects.

Drs. Harvey and Halbert reported cases of conjunctivitis in their practice.

Dr. Brownrigg reported a case of retention of urine treated successfully with sulph. atropiæ, grs. 1-16 at one dose; also reported a case of chronic chills treated with salicine, grs. 30, during the intermission with morphia grs. ¼, given two hours before chill time.

Dr. Mayo inquired of the members, what their experience had been with arsenic in the form of Fowler's solution in the case of chills? Drs. Vaughan, Harvey and Brownrigg had used it with success, in doses of seven to ten drops, given three times a day. Dr. Lipscomb never uses it except in chronic chills.

Dr. Vaughan suggested as a remedy in chills potas. bromide, grs. 20, given two hours before the paroxysm.

Several other remedies were mentioned by various members as having been used in the cure of chills, such as hyposulphite, of soda, potas. nitratis, turpentine stupes to spine and chest, and fodder tea.

The president appointed Dr. S. W. Franklin, Essayist for the regular meeting in September next.

Dr. Brownrigg urged upon the members the importance of trying to increase our membership. Also, suggested that the president be requested to prepare an appropriate address for our anniversary in October next.

There being no further business before the meeting, the association adjourned to meet on the 4th Saturday in September, 1871.

W. L. LIPSCOMB, M. D., *President.*
J. W. M. SHATTUCK, M. D., *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Mode of Action of Arsenic in Large and in Small continued Doses.

Of late months the scientific labors of the physicians of France have, by dire necessity, lapsed into abeyance, to the great loss, especially, of the department of scientific progress. We welcome, then, with peculiar pleasure the reappearance of this long-lost labor in a paper in the *Gazette Hebdomadaire* by M. Blachez, on the action of arsenic in large and small doses. A large dose of arsenic, determining a rapid poisoning, produces, says the author, a violent phlegmasia, symptoms of a choleraic type in the digestive canal, a burning heat of the alimentary tubes, suppression of urine, cramps, and a progressive coldness of the body; syncopes, convulsions, often localized paralysis specially attacking the extensors, as in saturnine paralysis, delirium, and coma. The symptoms show the intense attack to which the nervous system has been subjected. The pulse is usually accelerated, irregular, small and compressed; but sometimes it is strong and full. This contradictory effect depends upon the period at which the observation is made.

The falling of the temperature of the body is a fact generally observed.

The study of the physiological action of arsenic, administered internally and acting by absorption, is surrounded by difficulties, and the interpretation of its effects occupies the best thinkers of the day. Who is unaware of the facts pointed out by Schallgruber, Flechner, and above all, Tschudi (1822-1851), respecting the arsenic-eaters of Styria and Austria? All these facts have been confirmed by the best authorities, and are now beyond a doubt. The ends above all most desired by these arsenicophages is to obtain a freshness of face and a certain degree of embonpoint, also a facility of respiration in climbing ascents; they feel much lighter and gasp much less. The doses vary from two to three centigrammes. From constant use they take twenty or even twenty-five centigrammes. In Austria the horse-dealers administer arsenic to the animals they wish to sell. The horses thus treated look better nourished, and yield more profit. Their skin is glossy, and their forms rounded. The coachmen of Vienna have the same habit for improving the appearance of their horses. These facts present a certain analogy with some others pointed out by the author. He first explains the facts he has observed, and then the different interpretations which they have received. When we give arsenic in small doses we observe effects more or less constant; that is to say, it is not uncommon to observe some who can endure arsenical treatment without any visible reaction. When a little heat is felt in the pharynx and in the course of the œsophagus after arsenic, the appetite usually improves, digestion is more rapid. When the burning continues when there is nausea, and diarrhœa with colic it must be presumed that the useful dose is carried too far. As an immediate result of increase of appetite nutrition proceeds better and embonpoint increases. The action of arsenic on the respiratory functions in the normal state is not clinically demonstrated; but it is incontestable that in certain diseases of the respiratory organs, arsenic produces beneficial results.

With respect to the circulation, there is often observed a rosy color on the face. A therapeutic dose of arsenic does not appear to have any well-defined action on the heart; but the same dose seems to have the property of relaxing the skin, while a poisonous dose accelerates action. One of the most constant results of arsenical treatment is the very marked diminution in the quantity of urea eliminated in twenty-four hours.

The temperature diminishes evenly. The central nervous system does not appear to be affected by medicated doses. The urinary secretion is increased. One sometimes observes a little salivation, but more often diarrhœa. The skin is not constantly affected by the prolonged use of arsenic in small doses. However, it produces, in certain cases, a modification of the pigmentary matter, demonstrated by brown marks on the skin, which continue a long time. In addition, certain forms of eruptions which progress almost

to pustular eruptions, with swelling of the eyelids and watering of the eyes, sometimes occur.

The modes of elimination are multitudinous. Arsenic eliminates itself by the skin and the divers secretions of which it is the seat. M. Chatin has found it in the serosity of a blister, MM. Bergeron and Lemaître in the sweat. Besides, its presence is, in some measure, furnished by the eruptions observed in certain cases.

Arsenic may be found in the saliva and in the tears; the bilious secretions may contain considerable quantities of it, and that which proves the importance of the liver as a means of elimination is the fatty change of this organ in cases of arsenical intoxication. It is, however, by the kidney that arsenic specially is eliminated. When the elimination is in abundance the secretion contains a certain amount of albumen.

On the Use of Morphia in the Treatment of Cutaneous Diseases.

Dr. H. S. PURDON, of Belfast, observes, in the *Journal of Cutaneous Medicine*, that many forms of skin diseases are benefitted and various distressing symptoms relieved by the use of morphia. Its advantage over opium is considered to be due to its occasioning a less degree of vascular or arterial excitement. The preparations in common use are the hydrochlorate, bimeconate and acetate. The last he considers to be best suited for hypodermic injection. None of them are safe for young children, for the treatment of whom it is better to substitute the bromide of potassium. The first disease in which morphia is particularly useful is *prurigo*, in which it allays the distressing irritation and itching, and also occasions more or less moisture and exhalation from the skin. It is contra-indicated when the urine is scanty and high-colored—a condition of things that is often present in this disease, and should first demand attention in the treatment. The neurotic element present in pruritus may in most instances be combated by a full dose of quinine (10 grains) daily. It acts best in females, and the hypodermic method of administration answers well, as by this treatment we do not interfere with the treatment by food and cod-liver oil through the stomach. In dermatalgia, or that neuralgic condition of the skin often hysterical, as well as in the neuralgia of herpes, the hypodermic injection of morphia is of great benefit, as it does not tend to increase the existing congestion of the vessels in *herpes*. For the same reason it may be used to procure sleep in *urticaria*, but given internally, as the hypodermic method has been known to be followed by the eruption of wheals, either from the action of the drug or the irritation of the wound in a hyperæsthetic skin. Morphia proves very serviceable in certain cases of *eczema*. It is constantly employed in cases of *cancer*. In *lupus*, after cauterizing the tubercles with a pointed stick of nitrate of silver pushed freely into them, a dose of morphia gives the patient a good night's rest. In *gutta rosacea*, a disease that is frequently associated with derangement of the stomach, the patient being often a confirmed dyspeptic, morphia is of much service, and, by allaying gastric irritability, allows us to prescribe suitable remedies. A morphia suppository is one of the best palliative remedies for that painful affection, *pruritus ani*, whilst it is cleaner and more easily applied than either lotions or ointments. In *small-pox*, when accompanied by much irritability, itching of the skin, loss of sleep, and tendency to convulsions, morphia—either acetate, hydrochlorate or bimeconate—may be prescribed in full dose. Lastly, the pain of a *blister*, especially if large, and to be applied to a nervous person, may be prevented by the hypodermic injection of morphia.

Treament of Chronic Diarrhœa and Dysentery.

Dr. J. C. WHITEHILL writes to the St. Louis *Medical Archives:*

The great prevalence of diarrhœa and dysentery, and the fearful mortality from them, especially when they assumed the chronic form, during the late war, is well known to all who had any military experience. Statistics show that during the first two years (I have not at hand the statistics of the later years) these affections constituted more than one-fourth of the entire cases of disease, in the army, reported, furnishing a total of 725,675 cases, with 11,560 deaths. During the second year of the war, the mortality from chronic diarrhœa and dysentery reached the alarming rate of almost one in every eight cases—71,830 cases, and 8,574 deaths.

During this latter period, and the early part of 1864, while I was Medical Director of the Seventh Army Corps (Department of the Arkansas), this form of disease prevailed most extensively, largely complicated with malarial poisoning, to which most of the troops had been especially exposed, at Helena, and on the banks of the Yazoo, previous to the fall of Vicksburg; and experience having shown that without change of climate, in the chronic form of these diseases, almost all forms of treatment were alike unavailing, so far as practical, those thus afflicted were granted furloughs, or sent to Northern Hospitals for treatment.

To this, however, there was an exception. So far as I now remember, not a case was sent north, from this cause, from the 54th Illinois regiment. During one of my visits to the hospital of this regiment, I noticed several patients that I considered fit subjects to be sent North, and so expressed myself to the officer in charge. In one case in particular the man was already so emaciated that my only apprehension was that he would not survive the transfer. In reply to my suggestion, the surgeon of the regiment, Surgeon S. York

(than whom no nobler spirit, and none more zealous in his devotion to his profession, and enthusiastic in the promotion of its interests, laid down his life in the service of his country), informed me, that having tried in vain the usual remedies, he was then using a "domestic remedy," and with such prospects of success that he desired the privilege of more thoroughly testing it, to which I most cordially assented.

In a visit to the regiment, several months later, my attention was directed to one of the most healthy and vigorous looking men in it, as the one whose case I had considered hopeless; and not a death, I was informed, had occurred under the treatment.

In reply to a subsequent inquiry, made with a view of calling attention to this method of treatment, in a report to the Surgeon General, Surgeon York, then acting Division Medical Director, addressed me the following note:

Dear Sir:—Diarrhœa is confessedly one of the greatest pests of the army, and causes a greater loss of life than any other disease. Anything, therefore, which may tend to its cure is important to be known by all our surgeons. In the 'Old North State,' the people used to cure it in the following manner: Take of the *inner* bark of the pine tree from ℥ss to ℥iij; boiling water, O 1; loaf sugar q. s. Take this amount of tea daily until relieved.

This tea, in addition to the spirits terebinthe, contains rosin and a vegetable astringent element, which would seem to render it peculiarly adapted to the treatment of the chronic form of the diarrhœa.

I am as ever, your friend, S. York.

It will be observed that the term diarrhœa is here intended to embrace also the dysenteric form of disease, as it was in cases of this character it was being used at the time my attention was called to it. In reference to this loose use of the term during the war, Dr. Woodward, the able and efficient officer in charge of the Medical Division of the Army Medical Museum, Washington, D. C., in his report to the Surgeon General, (Circular No. 6, War Department, Surgeon General's Office, Washington, Nov., 1865,) says: "The disease most generally called chronic diarrhœa, was, in fact, usually an affection of the large intestine, which was thickened, softened, and often ulcerated. The term dysentery would have been more exact, and was bestowed by many surgeons on the same affection which others called diarrhœa."

Treatment of Headache.

Dr. C. J. Cleborne says in the *Medical Record:* Of course, in the treatment of this affection, whether it be idiopathic or symptomatic, the most important indication is to discover and remove the cause. But among the various remedies used for its relief, it would seem that the application of heat and cold has not received the attention it deserves. Now, instead of applying to the *head* a cloth wrung out in cold water, or an evaporating lotion, a more rapid and much better effect can be produced by the same applications applied to the *neck;* or a piece of intestine of the required length may be filled with ice-water or pounded ice, and wrapped like a collar round the same part. Should it be necessary to use cold to the head, a "beef-bladder" filled with ice-water or ice (the neck of the bladder being tied round a cork) is a most efficient and clean mode of employing it. Heat may be applied in a similar manner, and will often succeed when cold fails to produce relief. The hot water may be put into a bladder, or into a rubber bag closed by a clamp, which may be obtained at a moderate cost. As a counter-irritant, I prefer a plaster made of freshly powdered capsicum to that of mustard, as it is quite as efficient, more cleanly, and may be left on for a number of hours without blistering the tenderest skin. In a case of severe nervous headache the happiest effect may sometimes be obtained from a capsicum plaster placed over the nape of the neck, shifting it when necessary, or when it becomes unbearable, to the forehead or between the scapula, at the same time constantly applying to the face sponges squeezed out in *very hot* water. By this means the headache has often been quickly relieved, the patient falling asleep, and waking free from pain. When the headache is accompanied by throbbing in the carotids, temples, or forehead, a sensation of fulness, pressure, or heaviness over the eyes, a "pumping headache," as it is sometimes called, prompt relief may sometimes be obtained by cold applications to neck, and a capsicum plaster or hot application to epigastrum. If there be much nervous excitement, with a quick, irritable pulse, small doses of tincture of digitalis or of aconite will be of service. For the irregularity of pulse and other symptoms accompanying a throbbing or "pumping headache," especially if there be giddiness, flushing of the face, etc., one-twelfth or one-sixteenth gr. doses of extract of belladonna, every two or four hours, will be found invaluable. For persons of studious, sedentary, or intemperate habits, headache, particularly the variety known as *Clavus*, will generally yield to the acetate of strychnia, extract of nux vomica, or extract of ignatia amara. In nearly all cases the judicious employment of cold or heat will greatly facilitate the treatment, and of themselves often suffice to cure.

On Prostatic Stricture.

Mr. R. U. Ronayne says, in the *Medical Press and Circular*: The uses of the prostate seem entirely and intimately bound up with the workings of the generative system. The gland is little better than rudimentary previous to puberty, when it first assumes the importance of a supplementary organ; from that time it sympathises actively with the varying fortunes of the sexual organs until the second change of life, the decay of manhood, when we find it again rising into unwonted activity:

its two greatest alterations being thus associated with the birth and death of virile power. Again, all venereal excesses induce irritation and tenderness of the gland, quickly followed by slight enlargement; in youth, where remedial measures are stringently adopted, this is generally transitory, but persistence in the cause often renders the affection permanent, whilst in old age it more easily adopts a chronic type, as the constitutional sources of derangement are then more numerous. The exquisite tenderness of the prostatic urethra under catheterism, and the marked enlargement of the gland present in aggravated forms of spermatorrhœa, amply illustrates the disordered state to which the parts may be reduced by continued undue excitement. Then we know that chronic prostatitis goes hand in hand with sterility. That the disease is common in those whose desires have long outlived their capacity for compassing them, and, that on the other side, men who have retained their potence to advanced age seldom suffer from it: Combining these circumstances, I am induced to adopt the belief, that the initial irritation which often eventuates in senile hypertrophy, may be surely produced by the frequent long sustained indulgence of inordinate sexual passions, whether these be gratified naturally, or by the more debasing and injurious habit of masturbation.

For my own part, believing as I do, that in eight cases out of ten the disease is the ultimate result of chronic sexual irritation, whether natural or onanistic, I would suggest that a well directed attempt to *prevent* it might be made with the hope of benefit, and that the truest method of combatting it, is to forestall the enlargement by resolutely setting ourselves to remove all irritation as early as it comes under our notice by the use of such remedies as our experience supplies, but above all, by insisting on such a complete change of thought and habit, as will remove the patient from the ever recurring stimulus. In such cases I find the bromide of potassium unquestionably useful in lowering the sexual orgasm, and in helping to lessen local congestion. The introduction of the silver catheter is almost always needed, and when anointed with extract of belladonna, is especially serviceable in blunting the sensibility of the part. For the rest, tonics, wholesome unstimulating diet, sea-bathing, and healthy exercise of mind and body generally suffice. It however frequently happens, that the possessor of an enlarged prostate, letting the premonitory symptoms pass with little notice, or attributing them to hæmorrhoids, is not aware of the unpleasant transformation taking place in his internal economy until it suddenly declares itself by retention of urine, the climax being capped by exposure to cold, horse exercise, comparative sexual excess, or a drinking bout producing a determination of blood to the part and consequent closure of the vesical gate. In such a case, time generally permits of no procedure other than the immediate relief of the distended and painful viscus by catheterism, and this end is not always attained without considerable difficulty, especially as the parts are often very irritable, and membranous spasm has sometimes to be overcome before the instrument meets the organic lesion; patience and gentleness of manipulation, and above all practice, are here essentially necessary to avoid doing irretrievable injury, and will almost always lead to success.

There are two points connected with catheterism, which, though not strictly pertaining to my subject, I cannot pass by in silence. The the first concerns the use of the gum catheters without the stilet, as advised by some excellent authorities. I can see no appreciable advantage from this; I do not believe that it is less likely to produce spasm than the armed instrument, and I know that it is much more difficult to pass, as it is led away by every tempting sinus, bends on the least pressure, often twists out of control and oftener hitches against the prostate than not. As to passing the unarmed instrument down to the obstruction, and then arming it for the purpose of using "Hey's manœuvre," I think it a most dangerous practice, offering every facility for the production of false passage, urinary infiltration, or other complications. I have, when a student seen not a little evil result from such a course, and I should be reduced to great straits indeed before adopting it. The second regards the propriety of permitting the patient to use an instrument himself, this I am decidedly opposed to, unless the patient be so situated (in the country for instance), that medical assistance becomes uncertain or unattainable, as I have seen much irritation produced by the constant practising to which such persons are prone to give away, and if complete retention sets in, pain and anxiety take away their heads, and so unmans them that they are pretty certain to injure themselves in their nervous, fumbling haste. The temporary relief of this first attack being effected, means must be taken by local, antiphlogistic, sedative and general alterative treatment, to reduce whatever inflammation exists and restore the interrupted balance of power. Free leeching to the perineum may be had recourse to, the bowels relieved by cooling enemata, the acrimonious nature of the urine lessened by demulcent drinks, and corrected by acids or alkalies, whichever are called for, and sedatives should be administered by mouth and rectum, congestion of the abdominal viscera must be lessened, whilst the strength is maintained by nourishing, but unstimulating food. Under a course of such remedies the urgent symptoms subside, and the health previously enjoyed seems again to be attained, but this is scarcely the case, for a hyperæmic condition of parts still remains, slowly gathering strength, and hanging like a Damocletian sword over the safety of the

patient, always threatening and ready to fall and crush or maim at the turn of a hair. Care may do much to ward off any sudden attack, but no care can avert the tendency to steady growth which the disease manifests when it has once deeply rooted, and which, if life be sufficiently prolonged, is pretty sure to culminate sooner or later in a renewed attack of retention, this time the result of non-inflammatory hyerptrophied tissue. Then arises a state ever burdened with pain, disquiet and wearying anxiety for the sufferer, and full of harassing profitless work for the attendant. Chronic prostatic retention with all its sickening adjuncts has set in, the bladder requires to be emptied two or three times a day, sometimes oftener, and if the patient's residence be at any distance, the frequent and often ill-timed calls become almost unendurable; and all this worry and trouble produces at best but a passing relief. I have often been recalled to cases within two hours of my visit, to find the bladder again distended, the kidneys relieved from pressure having acted in the mean time with redoubled energy.

In such cases I have long adopted a course which, although it does not receive the approval of many of the fathers of surgery, has in my experience proved more beneficial than all other usual measures put together. I allude to the treatment by retained catheter.

When I commenced practice, I was strongly opposed to this mode, having been prejudiced against it both by teaching and reading, but at that time I never supposed by it could be realized the satisfactory results which I have since obtained. My procedure is simple. I introduce an instrument of the shape above described, and retain it by woolen ligature, steeped for cleanliness in a solution of carbolic acid, stopping the mouth with a peg removable at the patient's will. This gives him very fair control over the bladder, and usually produces as much mental quiet as it does bodily ease, he being assured of his own safety by holding the necessary means of relief in his own possession. Sometimes the instrument is well borne from the first, and the case rapidly progresses toward cure, but often it gives rise in a few hours to much pain and disturbance; in such a case there is nothing for it but to remove the catheter, and fall back on the usual system, taking care however, to adopt such means as may serve to lessen the irritability of constitutional tone, and watching closely for a favorable time to resume the trial. If the uneasiness, however, be not severe, or becoming gradually more aggravated, it is well to sustain the treatment, and adopt collateral means to correct the intolerance, which then generally dies out in a few days, and thenceforward the intruder is permitted to remain in peaceable possession. In fact, the parts become accustomed to its presence, and in truth, it gives much less annoyance by its permanent occupation than it would by frequent fresh introductions over the sensitive and resisting passage. The catheter is then removed every two or three days, and then examined, lest it be cracked or eroded, and when cleansed re-introduced, or, if it be in the least damaged, a new one substituted.

This treatment is continued for a period varying according to the peculiarties of every case, when, on removing the instrument some day, the patient tells you that he feels he is again capable of making water, and has regained the natural control over the bladder. I do not, however, permit the permanent removal of the instrument until I am satisfied that the local health is as fully restored as it is ever likely to be, and even when it is determined that its use may be discontinued. This is done gradually, being first left out by day, and worn by night, as at the latter time the continued pressure on the trigone is more likely to give rise to a desire for evacuation of the vesical contents, until by degrees it is altogether discarded.

Since I have adopted this plan, I have treated many well-marked chronic cases, occurring in old men, whose ages run from sixty to seventy-three, to a successful issue.

Reviews and Book Notices.

NOTES ON BOOKS.

M. SARCEY replies very sharply, in the Paris *Gaulois*, to Dr. STARCK, an eminent German physician, who has written a work on the "Intellectual Degeneracy of the French Nation."

Medical gentlemen of the ultra-temperance way of thinking will find satisfactory reading in a pamphlet of 164 pages, recently published in Paris, containing communications to the Academy of Medicine by Drs. VERNEUIL, HARDY, GUBLER, GOSSELIN, BEHIER, RICHET, CHAUFFARD and GIRALDES, on the greater gravity of surgical operations on intemperate subjects. Its title is "*De la gravité des lésions traumatiques et des opérations chirurgicales chez les alcooliques.*"

Dr. BOCQUILLON has at last brought out the second part of his *Manuel d'Histoire Naturelle Medicale.* The first part appeared in 1866. The second part contains 415 plates and runs up to page 1268.

Among the publications of the Messrs. Churchill, of London, we note the following which may interest our ethical friends:

A Manual of the Laws Affecting Medical Men. By ROBERT G. GLENN, LL B., Barrister-at-Law. With a chapter on Medical Etiquette by Dr. ALFRED CARPENTER.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 16, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE LATEST TREATMENT OF CHOLERA.

With the probability before us that we shall have to combat another epidemic of this modern scourge of nations, ere another year has passed, we have thought our readers would be glad to see a summary of the latest views in regard to treatment, as advanced by foreign writers, especially the English.

What strikes us first in reading their articles, is the universal abandonment of the "brandy and opium" treatment, once so general. Astringents and stimulants are alike condemned, not merely because they are useless, but because they are invariably and actively pernicious—*never* doing good, *always* harmful—in the disease.

Furthermore, all are agreed that cholera is communicable, and that it depends upon an active, self-multiplying, probably organic poison, chiefly found in the discharges, which poison nature attempts to throw off by the alimentary canal. This pathological view has been developed with great skill and power by Dr. GEORGE JOHNSON, professor of medicine in King's College, London, and applying the principle to practice, he says:

"In the treatment of cholera and choleraic diarrhœa, which is, in fact, cholera in a mild form, the main principle to bear in mind is, that the discharges are as essentially curative as is the eruption of small-pox. The discharges are not to be abruptly stopped by opiates. Experience has abundantly proved that this is a pernicious practice. Neither are they to be permitted to accumulate in the alimentary canal. There is one remedy which is almost universally applicable in all forms and stages of the disease, and that is an abundant supply of cold water to flush the intestinal sewer, and to wash out the poisonous discharges. A copious imbibition of pure, cold water will suffice for the cure of most curable cases.

"Palpition and percussion of the abdomen reveal the fact that there occurs, not unfrequently, a painful and sometimes a paralysing over-distension of the bowel by rapidly effused morbid secretion. This, if not promptly relieved, may even go the extent of causing a fatal obstruction. More especially is this likely to happen when the sensibility of the bowel has been deadened by opium. The plan to prevent and to remove this accumulation is to give some quickly acting yet unirritating evacuant dose. For this purpose, castor-oil is, on the whole, better suited than any other remedy. The objection sometimes raised—that all remedies must be useless, because none are absorbed—obviously does not apply to such a remedy as castor-oil, which, by its merely local action upon the mucous surface, stimulates the bowel to expel its contents. Experience has amply proved the success of the treatment in this and kindred classes of cases.

"The time to give opium, if at all, is in small doses to soothe the bowel after the expulsion of the poisonous secretions. Opiates are useless, and even dangerous, when the blood is poisoned, or when the bowel contains offensive morbid secretions. Opiates in the early stages of diarrhœa and cholera would be more frequently and decidedly injurious, were it not for the fact that their absorption is prevented by the rapid current of liquid which is being poured from the blood into the alimentary canal; therefore they are quickly expelled, together with the morbid secretions, and they are powerless to arrest the discharges."

These views have been adopted by Dr. (now SIR THOMAS) WATSON, the well-known author of "*Watson's Practice.*" That eloquent and learned practitioner is just now preparing a revised edition of his Lectures, and in these he directly reverses the advice given in former editions, to wit: "To quiet the irritation, and stop the flux as soon as possible by aromatics, astringents and opiates." With admirable frankness and manliness he now says the rules laid down by Dr.

JOHNSON are "safer and better" than this advice, and adds:

"If the doctrines advanced by Dr. Johnson be well-founded, as I firmly believe them to be, it must be wrong to dam the choleraic poison and its products within the body. Even when those products have, in one sense, been separated from the system, they may produce highly noxious effect if they remain shut up in the stomach or bowels, there to ferment and decompose. Admitting, as we must, that a minute quantity of the morbid excretions swallowed with water may suffice to produce the disease, a large quantity retained, through weakness of the expulsive powers or otherwise, can scarcely be harmless. Rather may we expect that its expulsion will tend to liberate the patient from danger and discomfort; just as the opening of large abscesses, and the discharge of foul pus and imprisoned gases, are often seen to rescue, as if by magic, a sick man from apparently impending dissolution. Whatever may have been Dr. Johnson's earlier purpose, he does not now propose to *excite* discharges from the mucous surface of the digestive canal, but simply to facilitate the removal of matter lodged there. And this he would do by emetics, by draughts of tepid water or other diluents, or by castor-oil, of which the action is both speedy and gentle. The recommendation of the evacuant plan must, after all, lie in its comparative success, and its worth has already been put closely and extensively to the proof."

The extended experience of the East Indian surgeons is in the same direction. One of these Dr. JOHN MURRAY, Inspector-General of hospitals in the Indian service, read an instructive essay at the last meeting of the British Medical Association. Dr. Murray remarked that he had treated thousands of cases, and himself contracted the disease, but "only three times." (!)

He lays much stress on the detection and treatment of the preliminary stage. We believe it was the French physician, GUÉRIN, who first formally insisted on the almost invariable presence of the so-called "cholerine." The gradual approaches of the disease are thus described by Inspector-General Murray:

"The earliest symptoms that can be recognized are those of *malaise*, viz.: depression of spirits, want of appetite, torpidity of the bowels, and desire for stimulants. That the *malaise* I have described is caused by the presence of the poison of cholera, is an opinion strengthened by the fact that, during an epidemic attack, when this feeling exists, the action of a purgative, especially salts, will almost always be followed by the other symptoms of cholera, and the circumstances of the frequent occurrence in men who have left the infected locality in apparent health, and have been attacked within one or two days.

"To the symptoms of *malaise* succeed *diarrhœa*, nausea, and vomiting; the urine is scanty; the stools light-colored, then colorless, like rice-water, with occasional cramps, heart-burn, and slight headache. The countenance is dark and the eye-balls congested. This is followed by *collapse*, great prostration of strength, burning in the epigastrium, congee or rice-water vomiting and purging, with cramps and suppression of urine; cold, clammy perspiration, feeble pulse and cold breath, broken voice and shrunk and livid face. When reaction takes place, the burning pain in the epigastrium disappears, the restlessness subsides, the stools become colored, urine is secreted, warmth returns to the palms of the hands, the color improves, the pulse becomes stronger, and sleep ensues.

"In many instances the disease does not progress beyond the stage of *malaise* or *diarrhœa*. The poison appears to be digested or eliminated by the *vis medicatrix naturæ* through the natural functions of the system—hence the importance of supporting these, and avoiding their being overtaxed, exhausted, or depressed."

As to treatment, his words are: "It is our duty to assist nature and to relieve pain. In the stage of *malaise* the poison is thrown off without any violent or very prominent symptoms, by the natural functions of the system. Our task here is to support the strength; avoid indigestible food and depressing causes. The only medicine that I have found useful in this stage is a little quinine every day. The subsequent indications of the treatment are to remove the abnormal symptoms as they appear, of which the most early is *diarrhœa*. The first indication is to check this and restore the case to the stage of *malaise*, then remove the cause and restore the natural secretions. Irritating or indigestible food in the bowels is the most frequent cause of diarrhœa; and should this not previously have been discharged in the evacuations, it should be removed and a recurrence of the looseness guarded against, as I have always found it the most powerful exciting cause of collapse. I have found this best carried out by a combination of opium with carminatives in the form of a cholera pill, composed of one grain of opium, two of black pepper, and three of assafœtida. It appears to check the looseness and stimulate the secretions. This pill does no harm if needlessly administered. It should be repeated should the looseness continue. It will cure most cases, and in all restrain the symptoms until regular medical advice can be procured. This is a most important point in the use of this simple remedy. It may be dis-

tributed to every house and be available in a few minutes, whereas the delay of a few hours may allow the disease to advance beyond control. I know no better remedy for this stage. These pills have been distributed in tens of thousands in the towns and villages of India, with most satisfactory results. Some surgeons preferred red to black pepper, and others add camphor to the opium and assafœtida, and report favorably of the combination. They are distributed in the dispensaries, and are placed in the charge of the police in India. In this country, similar arrangements might be made.

"In collapse, our power is limited by the circumstance that the vital organs are insensible to the ordinary action of medicines. Experience shows that opium, astringents, and alcohol lie inert in the collapsed stomach, though these are the ordinary remedies for pain, looseness and debility. It is also my experience that the free use of these remedies, at this stage, causes death, either by preventing reaction, or by causing local complications, should reaction reappear.

"There is another cause of death which is not generally understood, but which it is in the power of all sufferers or attendants on the sick to check, or prevent. I allude to the extreme danger of assuming the erect posture, or even of sitting up in bed during collapse, or the earlier stage of reaction. I have seen myself, and I have heard of many cases, where fatal syncope instantly followed sitting up in bed, or rising to go to stool.

"It must be borne in mind, while indicating the treatment in this stage, that the poison of the disease is contained in the congee evacuations in an active form, and also that the first sign of reaction is coincident with the appearance of bile in the evacuations. The dilution of the irritating contents of the bowels and the restoration of the watery particles of the blood are indicated and best fulfilled by frequent small quantities of cold water, to which a little soda or carbonate of ammonia may be added with advantage. In protracted cases, I have seen decided benefit from the use of Liebeg's extract of meat, made fresh and given frequently. I have also seen most marked benefit from the exhibition of hot saline enemeta given after each motion. In some instances it has acted like magic, the symptoms subsiding after one injection, but in many others they have been powerless."

At first sight it might appear that the views here urged are somewhat contradictory, but we understand this to be rather in their enunciation than in fact. We think the most approved English treatment can be summed up in a few simple directions, as follows:

In the first stage: a light emetic, if the stomach is loaded; a moderate dose, or perhaps two doses, at intervals of twelve or twenty-four hours, of castor oil; a light, guarded, nourishing diet; abundance of cold water; absolute rest in bed; free use of disinfectants; perhaps some quinine, but *no* opiate, astringent, or alcoholic stimulant.

In the second stage: absolute rest in bed: abundance of cold water; *no* external heat or rubbing to the surface of the body; warm saline injections; concentrated food, if possible.

The fact is, in the state of collapse, every medicine is useless. The patient must fight it out with the disease, without therapeutical assistance. Ordinarily, about forty-five per cent. die; careful nursing, as above directed, will reduce this to thirty per cent.—from one-half to one-third. This is the most we can expect from precedent, and this is also the history of the present epidemic.

On the other hand, early and judicious attention to the preliminary symptoms will cure a very large majority of cases—probably nine out of ten. The ordinary "cholera mixtures" contain usually opium in some form, tincture of capsicum, ether and camphor. They are well calculated, according to the authorities above quoted, to favor the inroads of the disease by checking the discharges, and imparting a delusive and temporary appearance of relief.

THE DIPLOMA TRADE AGAIN.

The clerk of a "College and University," of this city, addresses us a note threatening a libel suit in case we shall "again slander any of us or our institution." But wherein we have slandered them he does not say. Possibly he refers to a letter of a responsible correspondent in this State, which was published in our columns a few weeks since, stating that a person representing himself to be connected with a "university" of this city was selling medical diplomas in the county in which he resides.

The sale of diplomas, besides being an of-

fense against the sentiment of this community, is an infraction of a specific law of this Commonwealth, subjecting the parties implicated to fine and imprisonment. As guardians of the interests of a profession, on whose education, integrity and ability the health and lives of our citizens are dependent, it is our duty to expose any attempt to confer the legal power to practice medicine upon ignorant persons in an illegal manner, and we are not disposed to be driven from it by threats and intimidations.

We understand that the party in question claims that he was engaged in the sale of *scholarships*, not diplomas; but evidence is at hand, and accumulating, which will fully substantiate the charges made by our correspondent, and a libel suit would only hasten the action of those who have the matter in hand. The case is already well worked up, and the profession of northern Pennsylvania are not idle.

Notes and Comments.

ERRATA.—In Dr. BINKERD'S article, "Pathology of the St. Louis Bridge Cases," sixth line from bottom of third column, p. 208, read *Mississippi* river; second column, first line, read "below *low* water mark;" ninth line from top, p. 210, for "positively" read *posteriorly*; twelfth line from end of article, read "*hyperoxygenation*".

Underbidding for Practice.

We do not like the custom that prevails in some sections of the country, of physicians competing for practice in public institutions. It seems to us to be degrading to the profession to compete for practice which is offered to the lowest bidder.

Sometime since we noticed such a competition in Wheeling, West Virginia, where bids were opened for the practice in the county institutions. We see, by the proceedings of the Board of Supervisors on the 5th inst., that Dr. J. E. REEVES was the successful bidder for medical attention on the poor of the city districts.

We hope that the profession will discourage such a practice on the part of its members.

Cundurango Again.

Here is the latest phase of the cundurango business that has fallen under our notice. It is an advertisement cut from the *Druggist's Circular*:

CUNDURANGO, OR CANCER PLANT,
For the cure of Cancer, Tubercles, Scrofula, Ulceration of the Stomach, Liver and Kidneys, Eruptive Diseases of the Skin, Pimples, Boils, etc. It is put up neatly, sells rapidly, *and allows large profits to the trade.* Retail price, $1.50 per bottle. We will make it to the interest of Druggists to communicate with us.

The advertiser hails from very far west of this longitude. We do not give his name and address for prudential reasons. Does cundurango grow "out west," as well as in the "almost inaccessible regions of the Andes?"

The Alleged Outrage on an Insane Patient.

We have received from Dr. C. H. NICHOLS, Superintendent of the Government Hospital for the Insane at Washington, a note of explanation as to the alleged outrage on an insane patient in that institution, referred to in the REPORTER of August 12, page 159.

It seems that we were misled by the item—that the alleged patient was an animal, and that he lost his life, not by chloroform, but by being accidentally choked to death.

The newspapers have for some time past published so much against the management of the insane, that we have zealously sought to maintain the cause of justice and right, and to defend the interests of the insane, and those who have charge of them. It was, therefore, in a spirit of friendliness, and a sincere desire to defend Dr. Nichols against what we regarded as an unjust imputation upon him, that we addressed him a note asking for authority to deny so serious a charge. If he had been actuated by the same spirit, he would have replied to our note. The item, as published in the newspapers, was calculated to mislead those who had not seen it in the connection in which it was originally published, and were not acquainted with the facts.

Vaccine Virus.

Will some who have been accommodated with vaccine virus from this office, and made no return, please send a supply, so that we can respond to the numerous and urgent calls on us?

Cundurango.

The newspapers say that Dr. BLISS, of Washington, has 26,000 orders for cundurango. We hope the Doctor will out-live the notoriety

this "cancer-cure" has given him! But all this excitement about the discovery of a specific against cancerous and scrofulous diseases (consumption, too, Doctor?) we cannot help thinking is a little premature. It must not be forgotten that some diseases, notably cancer, consumption and epilepsy, will often apparently improve for a time under *any* treatment that excites sufficient hope in the patient's mind to give a new direction to his thoughts. May it not be that all this excitement about cundurango has no better foundation than might have been predicated on almost any plant that might be gathered by the ton in the District of Columbia?

Dr. Wormley

The chemist in the Buffenbarger poisoning case, is thus picturesquely photographed by a western correspondent: The Doctor is a spare figure, with muscles all hardened into tendons, and an eye with no more speculation than Hamlet's ghost. He walks with his legs and arms and his whole body, and seems eternally afraid he won't get there till the refreshments are all gone. He can walk the legs off Weston, and feel all the time as if he was loitering. He rises at four A. M., and works assiduously till midnight. He held for some time the Professorship, and was a teacher, author, practicing physician, and leader of a band beside—and he did all these things thoroughly and well.

We would add to the above that Dr. WORMLEY has a rare wife, who is a help *meet* for him in his scientific pursuits. The history of her achievements would be interesting, and we are not sure that it does not belong to the profession.

WE have received the following acknowledgement:

NOTE.

MESSRS. EDS.—I am indebted to A. D. BINKERD, M. D., of Parker's Landing, Pa., for the application used in case of severe burn, as reported by me in MED. AND SURG. REPORTER, No. 9, Vol. XXV., p. 198.

I am, respectfully,
T. J. BAKER, M. D.

The Troubles of Miss Jex Blake.

Miss JEX BLAKE is a representative of the cause of the medical education of woman in England. She has got into trouble, and wants help from all who sympathize with her and her cause. It seems that they have demonstrative, "horrid" young men in Edinburgh, as well as in Philadelphia, who don't like mixed clinics, and who were ungentlemanly enough to jeer and make it unpleasant generally for the women who persisted in attending clinics at the Royal infirmary, whereupon Miss Blake, in a public speech, assailed one of the young men upon hearsay, a Mr. CRAIG, and charged him with having led the rioters in a state of drunkenness, continuing her furious vituperation even when called to order repeatedly and reproved for her "foul and disorderly language." Mr. Craig very properly brought suit for libel. Miss Jex Blake failed to prove any of her assertions, and the result was a verdict against her of £900—about $4,500—for libel and costs, and now Miss Blake wants the friends of the "good cause" to raise the money for her—just as if they had anything to do with her intemperate zeal!

Correspondence.

DOMESTIC.

Cardiac Pathology.

EDITORS MED. AND SURG. REPORTER:

The following case, which came under my notice, may not be without interest to the numerous readers of your excellent journal. I saw the patient, a man of about fifty-five years of age, only a short time before his death, which took place July 10, 1871. He was said to be laboring under "heart disease," brought on suddenly, it was stated, when about eighteen years old, by jumping from a fence, while carry two large buckets of sap, and, as he was already in a dying condition, no critical examination of the heart was made. But the case is of interest to us more particularly from the facts revealed by the *post mortem*, showing, as they do, that life may be prolonged under the most unfavorable circumstances, year after year, by a strict regard to the laws of health under the advice of the skilful physician. But little emaciation was found to exist. On opening the thoracic cavity, scarcely anything was visible but the heart with its surrounding membrane.

The pericardial sac contained about a pint of fluid, and still showed some signs of inflammatory action, as did also the heart, from an acute attack he had had some two months previously, resulting from over exertion. The measurements of the heart were as follows:

		Normal.	
Length	8 inches,	5 inches.	Grays.
Breadth (in broadest part)	5½ "	3½ "	
Thickness	4 "	2½ "	
Weight	28 ozs.	10 to 12 ozs.	

To be brief, the entire heart's walls were found thinned and flaccid, if we may except the left ventricle, the walls of which were quite thick and strong. But in its valves were found the most marked evidences of disease. The tricuspid valve had scarcely enough of its valvular form and substance left to be recognized—each segment being slit into almost numberless shreds. The same may be said of the mitral valve, though not to so great an extent; for, being thicker and stronger than its fellow of the right side, it had the more successfully resisted the action of the disease, and its two segments were nearly intact; but from the hypertrophied condition of the heart itself, their colsure was by no means perfect. The semilunar valves, if we may except their imperfect closure, were normal. The endocardium was much congested. Lungs normal, excepting the superior lobe of the left side, which was somewhat consolidated, owing to its cramped position underneath the clavicle. At the bifurcation of the left pulmonary artery, before entering the lung substance, was found a calcareous deposit about one half an inch in diameter. The liver was somewhat enlarged. I have thus hastily passed over this, to me, highly interesting case of hypertrophy of the heart with valvular lesions. I shall be happy to answer any questions within my power, that may arise therefrom.

Respectfully,

F. J. BAKER, M. D.

Andover, N. Y., July 27, 1871.

NEWS AND MISCELLANY.

Queen Victoria's Health.

The London *Lancet*, replying to attacks on Queen Victoria, based on her absence from evening entertainments, and on her brief residence in London, makes the statement that the Queen is not physically capable of bearing the effects of crowded or overheated rooms, or of prolonged residence in London. The *Lancet* says that the effort of entertaining in the evening produces upon the Queen great and immediate discomfort, followed by sleeplessness, or disturbed rest and severe headache.

——In St. Petersburg, which contains about 675,000 inhabitants, twelve persons were murdered last year, fifty-five committed suicide, one hundred and forty-five died of intemperance, ninety-eight were drowned, one hundred and forty perished by other accidents, and fifty-three corpses were found, the cause of death of which was not ascertained.

——A New York druggist and soda-fountain proprietor, hungering after a title, the New York *Post* suggests that he call himself in medical latin, a "fizzy-cus."

——The meanest man in Michigan is a doctor at Royal Oak. He took a coat, vest and hat off the back of an orphan boy to pay his professional fees.

This man must have a $40 C. O. D. diploma!

——Ashland, N. H., has an insane horse, a fact that prompts several of our contemporaries to suggest that that town should also have an "insane horspital."

——Infected bread, it is reported, was distributed to the troops of the French army in 1843, and the cause of this deterioration of the wheat was then discovered to be due to the presence of a species of fungus, to which the name of "oidium aurantiacum" was given. It is now announced that this fungus has made its appearance in the French wheat, after an absence of twenty-eight years.

Cure for Bite of a Rattlesnake.

Dr. Weir Mitchell states that the application of carbolic acid immediately on the receipt of the injury, prevents both local and general poisoning. The pure acid, however, if applied in too great quantity, is liable to produce sloughing and even dangerous symptoms, hence it is best used in the proportion of two parts of acid and one of alcohol. Given internally, or applied to the wound at a late period, it produces no effect. It is believed to act, not by neutralizing the poison, but by causing contraction of the small vessels and thus preventing its absorption.

QUERIES AND REPLIES.

To Dissolve Glass.

MESSRS. EDS.: I wish to inquire through your valuable journal if there is an "acid" that will cut or dissolve glass? If so, what is the composition of it, and what is it called? and what is it kept in? I wish to know, as I have had a debate with a learned gentleman of this place. By answering the above you will confer a great favor on an old subscriber. "ACID."

Ohio.

REPLY—The aqueous solution of hydrofluoric acid, commonly termed simple hydrofluoric acid, or fluoric acid, is used by etchers for engraving on glass. The acid eats or corrodes the glass. It is prepared in leaden stills or receivers, and kept in leaden or gutta-percha bottles. Vessels of platinum and fluor spar will also contain it. The acid quickly cauterizes the skin producing a painful, slow-healing sore.

Whooping-Cough.

MESSRS. EDS.: What are the extreme periods of time when whooping-cough is contagious, and at what particular time is it most so? QUERY.

Conn., Aug. 30, 1871.

REPLY—This disease is communicated chiefly by the exhalations and secretions from the air-passages. It is contagious from the catarrhal period as long as any cough remains, whether there is a "whoop" or not. If the child coughs but once a day, he will communicate the disease. So says Dr. WEST, in his *Diseases of Children*, whose authority is good.

DIED.

LINNENBRINK—At Rochester, Pa., on Tuesday, Sept. 5th, 1871, at 3:20 o'clock, P. M., Dr. Joseph Linnenbrink, aged 63 years.

SANTEE—In this city, on the 6th inst., Jennie McMackin, wife of Dr. Eugine I. Santee, and daughter of the late Wm. McMackin.